Eating Disorders: An Overview

• Major Types of Eating Disorders
  – **Bulimia nervosa and anorexia nervosa**
    • Disruptions in eating behavior
    • Fear of gaining weight
  – Sociocultural origins
    • Westernized views
    • Because they occur in such a narrow group (90% females in upper middle-class to upper-class families), the origins are believed to be more socioculturally based than any of the other major disorders.

– Increasing rates (1960-1995) 5% growth a year
  • Beginning to be seen in developing nations
Bulimia Nervosa

Mood intolerance (Mauler et al., 2006)

Binge eating
- Excess amounts of food
- Perceived as ‘out of control’
  • This perception is central to the diagnosis

Compensatory behaviors
- Purging
- Excessive exercise
- Fasting

Belief that popularity and self-esteem are determined by weight and body shape (important qualifier in DSM)

Gradual escalation of obsession/symptoms (insidious)

Self perpetuating
Bulimia Nervosa – Clinical Description

• Subtypes
  – **Purging** (92-94% - most common)
    • Ineffective (laxatives, vomiting, diuretics)
      » Vomiting (50% of calories upper-limit), and laxatives/diuretics (none)
  – **Nonpurging** (6-8%) (exercise or fasting)

  – No longer used (but kept for Anorexia despite same issue)

• Most individuals are within 10% of normal weight
Bulimia Nervosa

- **Medical Consequences**
  - Salivary gland enlargement
  - Erosion of dental enamel
  - Intestinal problems
  - Permanent colon damage
  - **Electrolyte imbalance**
    - Kidney failure
    - Cardiac arrhythmia
    - Seizures
Bulimia Nervosa Comorbidity

• Associated Psychological Disorders
  – Anxiety (75%)
    • Social phobia and GAD
  – Mood disorders (50-70%)
  – Substance abuse (36.8%)
Anorexia Nervosa – Clinical Description

Anxiety piece (Rosen, Leitenberg 1985)

“Overly-successful” weight loss
- 15% below expected weight
- Intense fears
  - Gaining weight
  - Losing control of eating
- Relentless pursuit of thinness
- Often begins with dieting and then escalates
Anorexia Nervosa – Clinical Description

• Subtypes
  – Restricting
  – Binge-eating-purging
    • Purging small amounts of food
    • More consistent too

  – Subtypes are not useful as patients switch back and forth
    (62% of restrictors report history of binge/purge)
    Now viewed as more of a course specifier (like Depression)

• Associated features
  – Body image disturbance
  – Pride in diet and control
  – Rarely seek treatment
20% die, 5% die within 10 years.

- Highest mortality rate of any psychological disorder
- 1/2 deaths suicide
- 50 fold increased risk of suicide when compared to population

Medical Consequences

- Amenorrhea (maybe?)
- Dry skin
- Brittle hair and nails
- Sensitivity to cold temps
- Lanugo
- Cardiovascular problems
- Electrolyte imbalance
The Minnesota Starvation Experiment

By: Marlee Curtis
Individual Documentary
Senior Division
Anorexia Nervosa is Highly Comorbid

Associated Psychological Disorders

- Anxiety
  - OCD
    - Lots of rituals around eating

- Mood disorders (33-60%) 

- Substance abuse
  - Suicide
Binge-Eating Disorder

- Food binges
- **No compensatory behaviors**
- History - experimental diagnostic category
- Now - full fledged disorder (in DSM)
- Up to 30% of people in weight loss dieting centers etc.
- 50% of candidates for bariatric surgery
Binge-Eating Disorder

• **Associated Features**
  
  – Many are obese (but these people are different)
    • Those with BED have the body issues associated with other EDs whereas obese people without BED do not
  
  – Try to use food to control “bad” moods
  
  – *More psychopathology*
    • vs. non-binging obese
  
  – Concerned about shape and weight
Bulimia and Anorexia: Statistics

• Bulimia
  – 90-95% female
    • Caucasian, middle to upper class
  – Onset = age 16 to 19
  – Lifetime prevalence
    • Females = 1.1%
      • College women = 6%-8%
  – Chronic, if untreated
Bulimia and Anorexia: Statistics

• Bulimia in men
  – Historically, more men reported than women - not so now
  – 5-10% of cases are male
    • Caucasian, middle to upper class
    • Gay or bisexual
    • Athletes with weight regulations

• Body dysmorphic disorder
Bulimia and Anorexia: Statistics

• Anorexia
  – 90-95% female
    • Caucasian, middle to upper class
    • Can happen in males
  – Onset = age 13 to 15
  – Chronic (less so than bulimia)
    • Even when the individuals have improved (no longer meet clinical criteria), they still generally carry subthreshold symptoms (low BMI and perceptions about image and body shape etc)
  – Resistant to treatment?
Cross-Cultural Considerations

- North American minority populations

- **Immigrants to Western cultures**
  - Increase in eating disorders
    - Egypt Study
  - Increase in obesity

- Cultural values
  - China: acne is a leading precipitant to anorexia

- Standards for body image
Developmental Considerations

- Earlier and Earlier onset in Western World
  - More than half of girls 6-8 report wishing to be thinner. By 9, 20% were trying to lose weight and by 14, 40%.
  - In early onset cases, there is often fluid restriction as well.

- Adolescent onset

- Interaction with social ideals
  - Adiposity and weight gain
  - Puberty brings boys closer to ideal and girls farther away.

- Late onset eating disorders?
Causes of Eating Disorders

Social Dimensions

– Cultural imperatives
  • Thinness = Success & happiness

– Media standards
  • Impossible to meet

– Social and gender standards
  • Internal and perceived
Adriana Lima's going to great lengths to look runway ready for the Victoria's Secret Fashion show. The model revealed to the U.K. Telegraph that since September, she's been working out twice a day with a personal trainer. Lima also drinks a gallon of water a day and for nine days before the show, she'll drink only protein shakes with powdered egg -- "no solids."
Miss America study

Ideal body size standards
  Change rapidly
  Playboy and miss America contestants

Whiseman, Gray, Mosimann, and Ahrens, 1992
Garner, Garfinkel, Schwartz and Thompson, 1980
Rubensteine and Cabalero, 2000
pronation

- [http://pro-ana-nation.livejournal.com/](http://pro-ana-nation.livejournal.com/)

- Trends in recent years
• **Social Dimensions**
  – Dieting trends
    • Can actually cause weight gain
  – Perceptions of fat
    • Self image (attractive study)
  – Social and peer groups
    • Friends study
  – Dietary restraint (WWII study)
    • Dieting teenagers 8x more likely to develop ED
    • Restrainers more likely to over-eat!
Causes of Eating Disorders

• 1969: 30% of high-school females dieting
  20% of men
• 1993: 60.6% of females
  28.4% of men dieting

• Family Influences
  – “Typical” family
    • Successful
    • Driven
    • Concerned about appearance
    • Maintains harmony
  – History of dieting, eating disorders
    • Mothers